

MAIL TO:
CITY OF SHORELINE TAX
PO BOX 84226
SEATTLE, WA
98124-5526

Shoreline Business License Renewal [Annual](#)

[License Fee: \\$40 \(Licenses expire 12/31 annually\)](#)



For more information contact:
City of Shoreline
206-801-2230 clk@shorelinewa.gov

License Year

City Account #

Business Name/Address: *

UBI #:

Applicant's Current Business Information [\(update as needed\)](#)

Physical/Mailing Address (circle one or both)

Phone Number

Email

☐ Close Shoreline Business License (state reason below)

☐ Renew Business License for the City of Shoreline (complete below)

		<u>Code</u>	<u>Amount</u>
		For Internal Use Only	
	License Fee	99	\$40
1 full month late: \$10 2 full months late: \$15 3 full months late: \$20	License Penalty	99	
	Total Due	88	

Applicant's Signature

Name

Email

Title

Phone

I hereby certify that the statements and information provided on this license renewal are true and complete to the best of my knowledge.

Signature

Date